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Newsletter Spotlight



CDR Chris Deangelis' catapult shot in a Super Hornet from the USS Bush while on a detachment at sea.

More on page 8!

Newsletter Editor

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Newsletter Staff

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LT J. Jacesko
LT J. Menendez
LT J. Rose
LT K. Maldarelli
LT K. Mollema



FROM THE MSC DIRECTOR



Leaders,

It's hard to believe we are in July already, but I wish each of you a happy and healthy summer 2021! As I know many of you are traveling to see family/friends or on PCS orders, please stay safe as we all operate in our new normal. Through my own travels this summer I have been able to meet MSCs doing great things from Monterey, CA to Groton, CT and could not be more proud of what is being accomplished in support of Navy Medicine's 4Ps: People, Platforms, Performance, and Power. I look forward to seeing many of you in the months to come.

In this month's column I want to briefly focus on decision making and offer that whether we are junior or senior leaders I believe it's important for each of us to have our own general decision-making methodology to help make the best decision possible to ensure mission success. As leaders, we are all called upon to make decisions every day, ranging from easy to difficult, whether we feel prepared or not. All too often, especially when you're new to a leadership role, the latter may feel all too true. As a junior officer, the most frequent decisions you make usually involve personnel, resourcing, and priorities within your local work space. As we become more senior, the scope of our decisions may expand, but at their core, they are still about personnel, resourcing, priorities, and our ability to meet the greater mission. Regardless of our rank or experience, sound decision-making is an essential leadership trait because every decision impacts the overall success of Navy Medicine's mission.

Effective decision-making may seem intuitive, but that's not always so. Making the best decision can be extremely challenging, particularly when we are operating in gray, where communications are lacking, the problems are not clear cut, and the solutions are not obvious. To ensure we position ourselves to make the best decision possible, I describe below one simple decision-making methodology that may be useful in your own decision making.

Collecting information is the first step. Educating yourself on the issue at hand will lead to informed decision-making and, as we are creatures of continuous improvement, education has no bound. Information collection provides us with the tools to analyze the facts surrounding the type of decision we identified, as each calls for a slight change in thought in which to *develop alternatives*, the next step. The following step, *reviewing alternatives*, requires us to consider the scope of a situation and measure the pros and cons of taking a certain course of action. This may also be called *weighing our evidence* or *measuring the impact of our alternatives*. Based on this deep dive, we select an alternative that best meets our objective and take action to implement it. As a High Reliability Organization that emphasizes mindfulness and introspection, we always follow-up with a "hot wash" or a lessons-learned session to *evaluate our decision* to understand what worked, what didn't work, and why. Recording these after action items enables us to be more deliberate, more efficient, and produce the best possible outcomes.

While no decision-making methodology is absolute, I encourage you to use these concepts as you develop your own systematic approach. I challenge you to consult your mentors and try a few variations to see which framework is best suited to your leadership style. As we all continue full steam ahead towards the accomplishing mission, know that your decisions matter!

Chuh #19

FROM THE CORPS CHIEF'S OFFICE

FAREWELL DEPARTING MSC LIAISON OFFICER!

LT Karen Maldarelli
MSC Liaison Officer

HAIL INCOMING MSC LIAISON OFFICER!

LT Kevin Mollema
MSC Liaison Officer

HAIL INCOMING SPECIALTY LEADERS!

CDR Jodi Phillips
Financial Management Specialty Leader

SAVE THE DATES:

JULY 22, 2021—MSC LIVE EVENT WITH RDML WEBER @1800 EST

AUGUST 27, 2021— VIRTUAL BIRTHDAY BALL @1800 EST



*INTERESTED IN AN EXECUTIVE
MEDICINE POSITION? VISIT THE
OFFICE OF THE CORPS CHIEFS NAVY
MEDICINE LEADERSHIP PAGE FOR
CURRENT COMMAND & MILESTONE
SLATES AND SCREENING
INFORMATION.*

[HTTPS://ESPORTAL.MED.NAVY.MIL/BUMED/
M00/M00C/PAGES/EXECUTIVE-MEDICINE.ASPX](https://esportal.med.navy.mil/bumed/m00/m00c/pages/executive-medicine.aspx)

Questions or comments? Email us at usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil.

CUSTOMS AND HERITAGE

THE ADVENT OF THE OPERATIONAL OPTOMETRIST

BY: ANDRĚ B. SOBOCINSKI, HISTORIAN, BUMED

Prior to 1941, optometry had no official status in the Navy. There were no uniformed optometrists, no optical technicians nor were there provisions for the procurement of eyewear. If a Sailor or Marine needed spectacles they were typically handed a prescription and held responsible for purchasing eyewear at their own expense.

The expansion of U.S. Armed Forces at the start of World War II and the lowering of vision standards spawned a need for military optometrists stateside and eventually overseas. To address this critical need, the Navy initially entered into contractual agreements with civilian optometrists for prescription eyewear. When civilian laboratories were unable to meet the demand a military ophthalmic program was established by the Naval Appropriations Act of 1942 which authorized the issuance of prescription eyewear for Navy and Marine Corps personnel.

The first Navy optometrists were recruited into service in April 1941 as health-volunteer specialists (H-V(S)); but due to limited billets, some optometrists wanting to be part of the war effort enlisted as Hospital Corpsmen. By the end of World War II, there were 90 degreed optometrists serving in the Navy. The need for their services stateside, but especially overseas was palpable.

For those on deployment aboard ship and serving with the Marines or Seabees in the Pacific the danger of losing and breaking eyewear was a serious concern. In a letter dated July 3, 1943, to the Secretary of the Navy Vice Adm. Ross McIntire, the Chief of the Bureau of Medicine and Surgery (BUMED) wrote:

"Many men lose their glasses or break lenses in combat areas and in action. . .prescriptions are mailed to either foreign countries or to the United States, but, due to uncertainty of mail and the long period of time required, men are unfitted for full duty because they are without glasses for

periods varying from 1 to 3 months. . .it is considered essential that arrangement be made immediately to provide mobile optical units, for use at designated bases, to provide glasses, make optical repairs, etc., at no expense to the individual..."



USS RESCUE (AH-18), 1945. By 1945, mobile optical units were deployed across the South and Southwest Pacific including aboard the Navy's entire fleet of hospital ships like USS RESCUE.

To address this problem, BUMED inaugurated the Base and Mobile Optical Unit program in July 1942. The mission of these mobile units was two-fold: "to provide emergency spectacle replacement and repair service[s] without charge to naval personnel in combat areas or other places not accessible to civilian facilities" and "to supply urgently needed corrective spectacles to naval personnel under like circumstances." Each unit was comprised of an optometrist and optical technician(s) who received special training at the Naval Supply Depot in Brooklyn, N.Y., prior to their deployments.

In August 1943—the first of these units—Mobile Optical Unit One consisting of optometrist Ensign H.W. Henckler, H-V(S), USNR, and optical technician PhM3c E.N. Catterlin, USNR, deployed to New Zealand, then a key base in the Solomon Island campaign. By the end of 1943, a total of four optical base units and eight optical mobile units were deployed overseas. And by war's end, 43 special mobile optical repair units were assembled

for deployment—15 of them aboard active Navy hospital ships.

A unit's work could vary. Some units serviced exclusively ship's crews while others primarily serviced shore-based forces like Marines and Seabees. Enlisted Sailors and Marines accounted for 86 percent of the services.

With the propensity of spectacles to get destroyed or lost on the frontlines it is little surprise that manufacturing spectacles (both frames and lenses) was the primary output for units. Between August 1943 and February 1944 alone, manufacturing spectacles comprised 85 percent of the collective mobile unit output.

Although these wartime units were ultimately disestablished at the end of World War II, their indispensable roles cannot be under emphasized. Serving mainly in isolated locales and under oppressive conditions throughout the Pacific theater of operations, mobile units played vital roles in returning service personnel to the fight and also buoying morale. Perhaps Rear Adm. Kent Melhorn put it best when he stated that on many of the islands these units were deployed to, "even in peacetime there was no more a chance of obtaining optical service than getting a manicure or seeing a movie."

Sources:

Gray, David, "Optometry." *Many Specialties, One Corps: A Pictorial History of the U.S. Navy Medical Service Corps* (Second Edition). Brookfield, MO: Donning Company Publishers, 2017.

McIntire, Ross to SECNAV. "Optical supplies, regulations governing issue of," July 3, 1943. BUMED Correspondence Files, Record Group 52, National Archives II, College Park, MD.

Melhorn, Kent. *Historical Narrative of the U.S. Naval Medical Supply Depot and Materiel Division, Bureau of Medicine and Surgery from Their Inception to July 1, 1945*. (Unpublished)



Medical Assignments Link:

[Medical Assignments](#)
([navy.mil](#))

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NOTE: The MSC downstream is not being published at this time. Please contact your Detailer if you are within your negotiating window.

FROM THE DETAILERS

SPECIAL FOCUS TOPIC: THE MSC DETAILER MISSION

The MSC Detailer Mission

To assign the best qualified officers to meet needs of the Navy as defined by the approved officer billet file.

To assign officers to billets which develop their professional expertise so that the MSC embodies the leadership, technical, and managerial skills necessary to achieve the Navy's mission.

- Needs of the Navy
- Career needs of the individual
- Desires of the individual

The Three Pillars of an MSC Duty Assignment

Needs of the Navy. Needs of the Navy are the primary consideration in each MSC officer's assignment and override all other factors. These needs are met by filling a valid billet requirement with the best officer available. The best-qualified officer is the one who meets the billet requirements and is available.

Career Needs of the Individual. Operational, technical, and managerial areas of development are key elements in every MSC officer's career progression. Each MSC community has a basic career path that develops its officers to assume positions of increasing responsibility. Within a career path, there is a great deal of room for flexibility among assignments to achieve the desired results. Depending on the community, officers must obtain certain qualifications during their career.

Desires of the Individual. The desires of the individual, although listed third, are important. In this area, the morale of the officer, and in many instances the family, is affected. The working spouse factor is specifically considered in the assignment process; however, the employment status of the spouse does not take priority over the needs of the Navy or the career needs of the individual. Throughout an officer's career, there may be a requirement for the officer to take an assignment that maintains career progression and forces the member to serve an unaccompanied tour overseas or to choose to become a geographical bachelor in the contiguous United States. Ultimately, the individual's marital status will have no effect on assignments or selection boards. Desires of the individual are human factors, which are considered when dealing with the personal lives of individuals, particularly in an all-volunteer environment; however, the needs of the Navy remain paramount.

Communication is Important! Clear communication of these three pillars between detailers and individuals is vital. Personal contact can be in the form of email correspondence, visits, and telephone calls. Active communication will help ensure all aspects of the detailing process are clear and understandable. Your detailer's contact information can be found on the left side of this page.



RESERVE UPDATE

EXERCISE GLOBAL MEDIC KICKS OFF AT FORT HUNTER LIGGETT

BY: CDR TODD SPITLER, MSC, USN



Fort Hunter Liggett, CA. Exercise Global Medic provides robust opportunities for military medical personnel to improve their proficiencies in realistic training environments, while combining forces with sister service branches and international military participants. The exercise provides an opportunity to test, evaluate, and ultimately validate military medical personnel in an austere environment. This is a vital requirement that is particularly important as Soldiers and Sailors are returning to the field after months of scheduled training activities postponed or limited by the global pandemic. For Navy Reserve medical units involved in Global Medic, the exercise challenges them to deliver synchronized joint, multi-component, and multinational world class expeditionary healthcare to meet combatant commander requirements in a complex and large-scale operational environment.

The Army Reserve Medical Command's Medical Readiness and Training Command enables the military to maintain a ready status by providing annual campaign-quality joint accredited collective medical training exercises. Global Medic is the largest joint patient movement and medical field training exercise within the Defense Department. For one Army Reserve unit, the 807th Medical Command (Deployment Support), the extremes of the high desert of Fort Hunter Liggett and the fast operational tempo of Global Medic are a jarring change from a training environment that has been mostly virtual for many new Soldiers. "It's amazing to watch these Army Reserve Soldiers in a field training environment engage their mission. They're coming out of a period where medical represented the main effort in a public health emergency, but it's possible that many of these Soldiers have been away from a field training environment for quite some time," said Army Brig. Gen. Peder Swanson, commander of the 807th Medical Command (Deployment Support).

As Global Medic has evolved, partnerships with several other exercises have expanded to include a full range of sustainment operations, including but not limited to medical health services, force health protection, logistics, maintenance, fueling, engineering, communications, firefighting, combat camera and public affairs operations. Global Medic allows participants to function in a broader range of simulated battlefield scenarios and is conducted twice a year at two joint certified Army Reserve training sites, one at Fort Hunter Liggett, CA and another at Fort McCoy, WI. The purpose of the exercise is to provide practical experience in the expeditionary medical facility environment. Training is conducted under austere conditions in a simulated wartime environment. Much of the training material is covered in a compressed period, resulting in a demanding training schedule for the Soldiers and Sailors taking part.

HM2 Ashleigh Mitchell, a 12-year Navy Reservist, is no stranger to Global Medic having participated in Northern Lights/Global Medic exercises in 2011, 2016, 2018 and 2021. She brings a wealth of knowledge and perspective to the field and this year's exercise. "This exercise is important because the information taught throughout each hospital department carries over into a deployment setting," Mitchell said. "When I was deployed in Afghanistan, I did not know what to expect, but the training I received from multiple years of Global Medic helped make the transition a little easier, because I was knowledgeable about different areas of the hospital and always remained flexible to needs of the Navy." Mitchell was part of the last Corpsman group to go through Hospital Corpsman "A" school through Great Lakes, IL before it transitioned to joint training in San Antonio, TX. "As a Corpsman, learning multiple facets of how a field hospital is set up and the duties and responsibilities within give a better understanding of what could happen in a real-life deployment setting," Mitchell said. "I enjoy the hands-on training because it prepares me for stressful situations, while being in a controlled training environment where it is okay to make mistakes and learn from them. It also assists in gaining skillsets beyond the medical realm expanding unit specialties to adapt and overcome, while working as a team to come up with solutions along the way."

CDR Deborah Collins, MSC, Officer in Charge of virtual detachment, Great Lakes, and a certified Physician Assistant, offered her perspective on Global Medic 2021. "I want to understand the process of a Joint Combined Exercise from an administration standpoint," said Collins. "As a Physician Assistant, I understand medicine, but to run a hospital or take care of the day-to-day operations while in theater is a whole different animal." CDR Collins added, "I would measure success on this mission for my sailors as to whether I can effectively prepare them for going downrange. Many of these Sailors are educated professionals who already know how to be doctors and nurses, but they do it in controlled environments. This is not a controlled environment, so learning the process of practicing 'theater medicine' and how to work as a team is the over-arching goal of this mission."

(continued on next page)



RESERVE UPDATE

EXERCISE GLOBAL MEDIC KICKS OFF AT FORT HUNTER LIGGETT

BY: CDR TODD SPITLER, MSC, USN



Collins sees her role as one of mentorship as well. "I volunteered for this role because I love teaching and working with junior corpsman and officers. At the end of the day, if I haven't made an impact on one Sailor's life or career, then I haven't done my job. I love working in a team environment, and seeing the process come together." A total of 214 Sailors are assigned to one of three phases of training. The first involved the build of the hospital facility. This includes construction of a 44-bed tent compound, which consists of a triage area, emergency room, operating room, intensive care unit, acute care ward, pharmacy, radiology, laboratory, and supply departments.

The next phase placed an emphasis on using the spaces. The Sailors treated simulated casualties with little to no warning of their arrival. The casualties arrived by either an Army Reserve HH-60 Black Hawk helicopter or Humvee ambulance 24 hours a day and simulated just about every battlefield injury. The intent of the exercise is to create a fast-paced, combat zone experience. With the training the Sailors received, they will be capable of performing the basic and tactical operations to prepare a Navy Expeditionary Medical Facility for worldwide deployment. Military medicine is a joint effort and part of its readiness includes being able to work with the other services. Global Medic is just one part of a larger exercise involving the Army and the Navy.

More than 2,700 personnel participate annually in Global Medic at Fort McCoy, Wisc. and Fort Hunter Liggett, CA. as rotational medical training units, real-world medical support, observer coach/trainers, and exercise control support staff. Participants include joint units from all components of the U.S. Army, Marine Corps, Navy and Air Force. Multinational partners from have included units from Germany, the United Kingdom, Canada, and Saudi Arabia.



U.S. Navy Reserve and U.S. Army Reserve medical teams demonstrate ambulance loading skills at Schoonover Air Field, Fort Hunter-Liggett, CA during Exercise Global Medic in June 2021. The Sailors are assigned to a Navy Reserve Expeditionary Medical Facility and are staffed from units across the United States. The Soldiers are assigned to the 94th Combat Support Hospital, of the 807th Medical Command (Deployment Support). Both units are participating in Global Medic, a joint force multi-day field training exercise that simulates real-world combat deployment in an austere environment. The Medical Reserve Training Command executes Global Medic as part of the Army Reserve Medical Command's larger mission to provide trained, equipped, and combat ready units and medical personnel to support the total force on the battlefields of today and tomorrow.



RESERVE UPDATE



Camp Pendleton, CA—MSC Reserve Officers participated in the 4th Medical Battalion Annual Training from 23 May - 5 June.



LCDR Kate Bierce PA-C, Team Lead for the Shock Trauma Platoon, providing C-spine support for a notional trauma patient.



MSC members of Surgical Company Alpha. Pictured above (L-R): CDR Matthew DeShazo, LT Zane Downes, LT Patrick Kennedy, and Lcdr Kate Bierce.



LT Zane Downes PA-C, Assistant Team Lead for the Shock Trauma Platoon discussing surgical consultation on notional trauma patient.



SPECIALTY SPOTLIGHT

OPTOMETRY

BY: CAPT TODD LAUBY, MSC, USN



CDR Kyle Dohm conducts shipboard exam underway on USS ESSEX.

World War II's expanding Navy led to the need for more sailors which caused the lowering of the previously high vision standards, and with the large numbers of Navy personnel in need of visual correction there became an immediate need for optometrists. Optometrists were first commissioned in 1941 under congressional authorization creating a Naval Reserve component consisting of allied health care providers designated as "hospital volunteer specialists." By the end of the war there were approximately 90 optometrists in the Navy. Optometry became one of the four plank owners of the Navy Medical Service Corps created in 1947, and by the 1990's there were nearly 140 optometrists in the Navy.

Navy Optometry continues today providing vital services that ensures warfighter performance and mission readiness. Our Doctors of Optometry (O.D.'s) are primary eye

healthcare providers who examine, diagnose, treat and manage diseases, injuries and disorders of the eye, visual system, and associated structures as well as identify related systemic conditions affecting the eye (e.g., there are over 270 serious health conditions that may be detected during an ocular exam including diabetes, hypertension, autoimmune diseases, and cancers).

Navy Optometrists are assigned to Military Treatment Facilities (MTF) world-wide and are responsible for the

requirements that must be completed for maintaining occupational standards and readiness include laser safety exams and a myriad of operational physicals such as flight, dive, explosive handlers, overseas and sea duty.

O.D.'s provide maximum visual performance and optimal ocular health with proper medical and ophthalmic interventions including topical and oral medications, minor surgical procedures, occupation-specific spectacles, combat eye protection, mission essential and medically-indicated



LT Amber Egbert on Continuing Promise in Honduras.

vision readiness of the warfighter ensuring they are prepared to execute their missions in a variety of demanding operational environments. Optometric services are a critical, early component to many training programs and warfare specialties, including recruit and midshipman in-processing, aviation selection/flight training, and pre-deployment readiness. Other

contact lenses, vision therapy/rehabilitation for Traumatic Brain Injury (TBI) and other oculomotor and accommodative dysfunction, and refractive surgery consultations/post-operative care.

Outside of typical clinic assignments, Navy Optometrists have many other opportunities to contribute to...

(continued on next page)

"Optometric services are a critical, early component to many training programs and warfare specialties, including recruit and midshipman in-processing, aviation selection/flight training, and pre-deployment readiness."

Subspecialty Code:
1880

Billets: 98
BSO-18: 96
OCONUS: 25
DUINS: 2
End Strength: 93
Reserve Billets: 6



SPECIALTY SPOTLIGHT

OPTOMETRY

BY: CAPT TODD LAUBY, MSC, USN

...the Navy's missions including in deployable Expeditionary Medical Facility (EMF) and hospital ship (TAH) billets. During OIF/OEF, 16 Navy Optometrists deployed and provided ocular trauma care at EMF Kuwait, and they continue to be the only eye care provider for JTF GTMO. They maintain their readiness and war-time KSA's by taking ophthalmology call in emergency departments, providing urgent and acute care to all eligible beneficiaries, participating in humanitarian missions, and attending the Tri-Service Ocular Trauma Skills Lab at Uniformed Services University. They are also frequently requested to go underway (TAD orders) on aircraft carriers and large deck amphibious ships which maintain eye examination rooms with specialized equipment. Navy Optometrists are force multipliers for Navy Medicine's Global Health Engagement and Humanitarian Assis-



CAPT Regina O'Nan teaching Cameroon medical personnel during Africa Partnership Station.

tance/Disaster Relief missions; eye and vision services are the most-often requested specialty and Navy Optometry has provided nearly a quarter of all patient encounters during the Continuing Promise and Pacific Partnership deployments. They also support Medical Civil Action Program (MEDCAP) missions and Innovative Readiness Training (IRT) missions in partnership with the Reserves for medically underserved communities.

Aeronautically-qualified doctors may be selected for the Aerospace Optometry program and undergo aeromedical training at the Naval Aerospace Medical Institute. Aerospace Optometrists are warfare-qualified subject matter experts on aviation vision that are vital members of the aeromedical team to improve the safety of flight and prevent human factor mishaps in support of Navy and Marine Corps Aviation. They serve in the aviation training pipelines at Newport and Pensacola, aerospace/medical research units at Dayton and Pax River, and in MTF's supporting high concen-

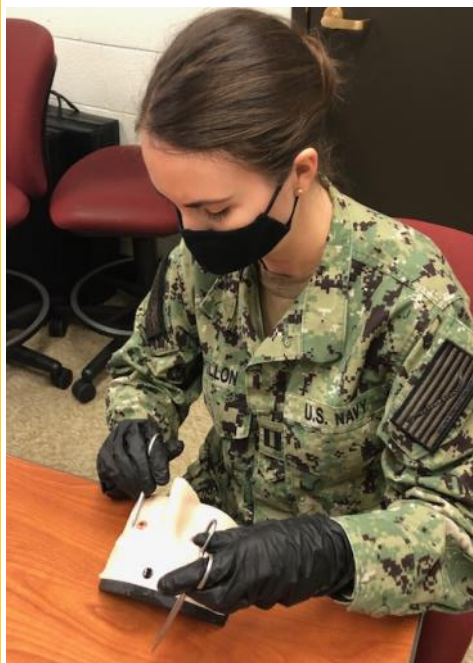
tration areas of Naval Aviation around the fleet.

DUINS opportunities exist for advanced residency training in ocular disease and TBI vision rehabilitation to increase KSA's in diagnosing and treating more complex pathologies which is a particularly high-value asset at isolated and overseas duty assignments; as well as providing TBI specialty care to the warfighter in multidisciplinary team settings.

There is also a DUINS opportunity to earn a Ph.D. in Physiological Optics/Vision Science which has supported military ophthalmic and vision research at Naval Medical Research Unit Dayton, Naval Refractive Surgery Center San Diego, Naval Air Warfare Center, and NASA.

Beyond clinical care, Navy Optometrists provide expertise in a variety of specialized assignments, working closely with Army and Air Force partners in support of the Tri-Service Vision Conservation...

(continued on next page)



LT Caitlin Quevillon performing an emergent lateral canthotomy and cantholysis in trauma lab.

SPECIALTY SPOTLIGHT

OPTOMETRY

BY: CAPT TODD LAUBY, MSC, USN

...and Readiness Program, DHA Vision Center of Excellence, and DHA Medical Logistics. Known for their leadership abilities, optometrists currently fill OIC, XO, and CO billets at MTF's; and staff assignments at BUMED, DHA, NORTHCOM, and OASD/HA. In addition, they lead the Naval Ophthalmic Support and Training Activity (NOSTRA)—overseeing the MHS Optical Fabrication Enterprise for military eyewear and combat eye protection; and the Tri-Service Optician School—the training pipeline for military enlisted opticians.

As proud members of our Medical Service Corps team, Navy Optometrists provide world-class care to our Sailors and Marines—providing them with the sight to fight; setting and enforcing vision standards to ensure the safety of our people and platforms; and ensuring optimal vision performance to increase deployability, survivability, and lethality of the warfighter. *Vision readiness **IS** mission readiness!*



2021 Tri-Service Ocular Trauma Skills Lab. Pictured above left (L-R): LT Thuy Phung, LT Caitlin Quevillon, LCDR Micah Kinney, LCDR Kamilah Johnson, and CAPT Todd Lauby.



Naval Medical Research Unit Dayton (NAMRU-D), Ohio. Pictured above right, LCDR Micah Kinney conducting Hypoxia Spatial Disorientation Research at NAMRU-D.

Share your photos, sea stories, and BZs to **THE RUDDER**

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

HRO IN ACTION

OPTOMETRY

BY: CDR CHRISTOPHER S. DEANGELIS, MSC, USN

FOR THE MSC HIGH RELIABILITY ORGANIZATIONS (HRO) STRATEGIC GOALS GROUP



LT Matthew Orgill, MSC, USN

Amidst the pandemic, Navy Optometry has answered the call and worked closely with the Directorate for Public Health (DPH) to establish a COVID cell in the Pacific, safeguarding 47,000 beneficiaries in Okinawa and 189,000 throughout U.S. INDOPACOM. LT Matthew S. Orgill, MSC, USN embodied the principles of High Reliability Organizations (HRO) while serving as Watch Officer (WO), COVID response cell, NMRTC Okinawa since 06 Jan 2021. Utilizing the tenants of HRO, leadership development through the Medical Service Corps, and the clinical acumen of a Licensed Independent Provider, LT Orgill ensured the rapid isolation and 100% contact tracing of over 700 positive cases (nearly half of the command's total case load to date), managed over 2,500 close contacts and 3,100 patients under investigation (PUIs) while implementing continual process improvement initiatives to improve care and efficiency of operations.

Preoccupation with failure: With multiple teams working on each positive case, the WO ensures tracing is complete, close contacts are quarantined, testing coordinated, personnel accurately accounted and the data is correct. Any one of these steps is a point of failure and LT Orgill and his team review each case with a high level of detail and accountability. He has the cognizance to determine which cases require more attention and ensuring attention to detail and high quality patient care is provided.

Reluctance to Simplify: The complex nature of the COVID cell, requires constant vigilance and training of staff. LT Orgill has looked at these changes from all angles and created process flow charts to aid the staff and hospital at large in the requirements for testing, quarantine, restriction of movement, travel, and treatment of personnel based on vaccination status. These complex documents are presented in an understandable medium to address the complex problem of managing the disease and associated personnel.

Sensitivity to Operations: The COVID cell runs 24/7 with turnover huddles conducted twice a day ensuring proper hand-off between the off-going and incoming team. LT Orgill consolidates this information and provides feedback and guidance on challenges and potential seams in the process. He is recognized as the SME on the watch floor to assist with the flow of information throughout the cell.

Commitment to Resilience: There are no two days that are the same in the COVID cell and staff cannot predict when the next infection or cluster will occur. On the busiest day, 37 positive cases came into the cell and completely overwhelmed operations. LT Orgill has been able to appropriately triage cases, keep staff on task, and acquire necessary information for leadership while maintaining a calm demeanor. As the 'hub' in the wheel, he works closely with multidisciplinary teams such as Preventive Medicine Technicians (PMT), nurses in the COVID care nurse line, the Marine Corps Joint COVID Response Cell and Liaison Element, and DPH leadership. He quickly identifies areas of improvement if one of these teams becomes overburdened and continues cross-functional collaboration to accomplish the mission.

Deference to Expertise: The COVID response cell is full of experts, from the E-3 PMT to O-5 Director. PMTs, nurses, dentists and Marines who serve as contact tracers, local national public health specialists, Marine Corps administration specialists, and Corpsmen all are experts in their own fields and duty sections. LT Orgill relies on their expertise to provide the best and most up to date information to make informed decisions relating to new questions, interpreting test results, and managing positive cases and close contacts.

LT Orgill's embodiment of HRO principles is one of the many reasons that the U.S. NMRTC COVID cell has been so successful in its operations over the past 18 months in Okinawa. His specific actions managing the COVID cell, its 11 officers and 55 enlisted staff, most of which who are augmented for 90 days at a time, has not only ensured the continued safety of the SOFA population, but has allowed for the continued deployments and military operations of III MEF, sustained in-person school for DODEA students, and mitigated spread of the diseases within the host nation community. These accomplishments are a testament to his dedication.



*If you would like to learn more about what it takes to become a highly reliable leader
or if you know of a leader exhibiting these traits please reach out to*

LCDR Brian C. Desiderio at: brian.desiderio@usmc.mil.

MSC Strategic Goal Groups Updates

High Reliability Organization

!!!Save the Date!!!

23 August 2021 at 1130 EST/0830 PST

The HRO SGG Committee presents CMC (SEAL) Ron L. Culpepper, U.S. Navy (RET) as guest speaker for our LIVE WEBINAR on “High Performance Teams”:

CMC Culpepper deployed around the world utilizing military leadership and strategies to combat worldwide terrorism and terrorist organizations. His insight is drawn from experiences that include supervising and integrating elements of the Naval Special Warfare Group ONE in training, equipping and deploying four SEAL Teams for Naval Special Warfare, with over twenty years of experience as a leader and manager in Naval Special Warfare and Joint Special operations Forces. CMC Culpepper is sought after worldwide for his insight into high-performing team development and strategic issues relevant to both the battlefield and boardroom.

HRO In Action

Submit your nomination for exceptional Officers positively impacting Navy Medicine using High Reliability principles at <https://www.milsuite.mil/book/groups/navy-msc-high-reliability-organizations-hro>

Career Development Board

The CDB SGG has officially transitioned to an **MSC Program of Record** as of 15APR2021!

As a result, a new policy and tools will be released by the end of the summer to support implementation by CDB Command Coordinators, Board Members, DFAs/Senior MSC Officers, Specialty Leaders, and most importantly, for the individual officers.

In terms of tracking CDBs, a working group is piloting the use of the

Career Information Management System (CIMS) within **NSIPS** to track the career development program activities of our officers.

For additional information, please visit the CDB Program milBook page:

<https://www.milsuite.mil/book/groups/msc-career-development-board-program>

Transition Tracking Team

The Transition Tracking (TT) Strategic Goal Group (SGG) continues its Diversity and Inclusion (D&I) deep dive efforts. Over the next 60 days the team will propose recommendations to assist in establishing our Inclusion and Diversity vision and LOEs moving forward.

Diversity — The different characteristics and attributes of individuals (as defined in DoDD 1020.02E).

Inclusion — Valuing and integrating each individual's perspectives, ideas and contributions into the way an organization makes decisions

Inclusion and Diversity is NOT about counting individuals – it's about making individuals count!

If you have ideas or input that would contribute to the enhanced production of future D&I recommendations for our MSC community, please contact TT SGG Lead, LCDR Eugene Smith, Jr. at: eugene.smith17.mil@mail.mil.

Webinar Program

***New Operational MSC Video Series! ***

We are interviewing MSC officers who have recently deployed & are otherwise operationally engaged. Check out our first episode with **LT Julian Krusely** and his experience aboard the U.S.S. Nimitz!

<https://www.milsuite.mil/book/leadercasts/13660>

We are exploring alternative platforms to access our webinars and podcasts. For now, check out our [milSuite Page](#) and recently added/updated webinars:

[Record Management Overview](#)

[Military Award Writing](#)

[Navy JPME-1](#)

[A Primer on AQDs](#)

[SLs, Detailers, & Placement Officers](#)

Please contact adam.m.preston.mil@mail.mil if you are interested in joining our team!



High Performing Teams “Live Webinar”

Presented by:

Ron L. Culpepper, CMC, SEAL, USN (RET)



Sponsored by:

the Medical Service Corps Chiefs Office
HRO Strategic Goal Group

Opening Remarks by RDML Tim Weber

SAVE THE DATE
August 23, 2021 (1130 EST/830 PST)

PEOPLE – PLATFORMS – PERFORMANCE – POWER



**USING HIGH RELIABILITY
PRACTICES TO
ENHANCE NAVY
MEDICINE
PERFORMANCE**



POC for this event:
CDR Jennifer Wallinger: 709-681-8896
LCDR Brian Desiderio: 760-725-8889
LCDR Jason Switzer: 808-780-4871

Got photos?

*Route your requests via your chain of command
and send them to the*

*Corps Chief's Office with
the following information:*

1. Location & Date of picture
(Example: San Diego, CA. Jan 2021)
2. Rank/Full Name/Specialty
of all Officers in picture
(Example: LCDR Jane Doe, Healthcare
Administrator)
3. Suggested caption
(Please keep short and concise)



MSCs IN FOCUS



Camp Pendleton, CA. 24 May 2021. RDML Weber meets with MSC Officers and MSC-IPP applicants to discuss the future of the MSC community. Pictured above (L-R): CDR Campbell, FMTB-W, XO; LTJG Adeyemo; HMC Thomas; LT Mittan; RDML Weber; CAPT Bailey, CO FMTB-W; Capt Koerner; LCDR Scott, Aide to RDML Weber; LT Anderson; HM1 Zelkoski.

Field Medical Training Battalion-West (FMTB-W). RDML Weber observes students of Field Medical Service Technician Course complete a Casualty Assessment demonstration in MOUT Town, Camp Pendleton. Pictured below left: RDML Weber presents LT Anderson, Academics Officer, with a challenge coin. Pictured below right: RDML Weber discuss the new initiatives currently being implemented at FMTB-W to include the implementation of Prolonged Casualty Care into the Field Medical Service Technician Course with CDR Campbell, XO FMTB-W.



MSCs IN FOCUS



USS SAN ANTONIO (LPD-17) . LT Rommel Rabulan, Health Care Administrator/MRCO, was awarded his Surface Warfare Medical Department Officer (SWMDO) warfare officer pin by CAPT Robert Bibeau, Commanding Officer, onboard USS SAN ANTONIO in support of the IWO JIMA Amphibious Readiness Group (ARG).



West Point, NY—Navy Physical Therapists at the 2021 COL Douglas A. Kersey Advanced Clinical and Operational Practice Course at the US Military Academy.

Pictured left (L-R): LT Noel Wagner, LTJG Jesse Hughes, LTJG Byron Barbour, LTJG Paige Giegel, LT Katelyn Howenstine, LT John McGinniss, LT Chris Chism, and LCDR Mark Riebel.

MSCs IN FOCUS



Guantanamo Bay, Cuba. NMRTC Guantanamo Bay MSC Officers enjoying the 123rd Corpsman Ball. Pictured front row (L-R): LT Leah Marin, Patient Administration Officer; LCDR Carl Powell, Pharmacist; LT Veronica Restrepo, Comptroller; LT Alicia Sammons, Environmental Health Officer; CAPT (Ret.) Cindy Wilkerson, Lab Officer; LTJG Min, Lab Officer; LT Roger Hazard, Physician Assistant; LCDR Jason Delinsky, Director for Administration; ENS Justen Bryant, Social Worker. Back row: CDR Shawn Weber, Physical Therapist.



Quantico, VA. LCDR Mindy Paturzzio, Pharmacist, competes in the 2021 Navy Atlantic Fleet Rifle Championship matches at Marine Corps Base Quantico as a member of the Navy Marksmanship Team.



Questions or comments? Email us at usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil.

MSCs IN FOCUS



San Antonio, TX. U.S. Navy CAPT Gerald DeLong, Medical Service Corps, salutes U.S. Navy CAPT Adam Armstrong, Medical Corps, commander of Naval Medical Research Center, as he assumes command of the Naval Medical Research Unit-San Antonio during a change of command ceremony at Brooke Army Medical Center, Joint Base San Antonio-Fort Sam Houston, Texas May 21, 2021. NAMRU-SA's mission is to conduct gap driven combat casualty care, craniofacial, and directed energy research to improve survival, operational readiness, and safety of Department of Defense personnel engaged in routine and expeditionary operations. (U.S. Air Force photo by Brian J. Valencia)

[Click to see the Change of Command article on DVIDS!](#)



San Antonio, TX. U.S. Navy CAPT Gerald DeLong, incoming commander for Naval Medical Research Unit-San Antonio is saluted by the sideboys as he arrives at the NAMRU-SA change of command ceremony at Brooke Army Medical Center, Joint Base San Antonio-Fort Sam Houston, Texas May 21, 2021. The sideboys is a traditional throwback to the days when coming aboard a ship meant either climbing up a rope or being hoisted aboard in a boatswain's chair. Sideboys were used to assist if necessary in pulling the visitor over the side. (U.S. Air Force photo by Brian J. Valencia)

MSCs IN FOCUS



Lima, Peru. Commanding Officer, CAPT Franca Jones welcomes Active Duty members of NAMRU-6 back to the NAMRU-6 command — the first time all Active Duty members were together since March 2020. Pictured Front Row (L-R): LCDR Stephen Lizewski, Microbiology; LCDR Walter Colvin, HCA; CAPT Franca Jones, Microbiology/Commanding Officer; CDR Kathryn Barnes, Entomology/Executive Officer; HM1 Peter Norgbedzi. Back row: LT Eugenio Abente, Microbiology; LCDR Ryan Larson, Entomology; LCDR Paul Graf, Microbiology; CDR Michael Prouty, Microbiology; LCDR Christie Joya, MC, Infectious Disease; CDR Rhonda Lizewski, MC, Preventive Medicine; SGT Zachary Sickler.



Rota, Spain. NEPMU-7 Entomologist LT Tal-Beth Cohen examines ticks collected at Naval Station Rota. Photo by HM2 Torre Mays.



Rota, Spain. NEPMU-7 Entomologist, LT Tal-Beth Cohen, center, Environmental Health Officer LTJG Crystal Ybarra, right, and Preventive Medicine Technician, HM2 Hieu Lam, left conduct mosquito to larval collections at Naval Station Rota. Photo by HM1 J. Warta.

MSCs IN FOCUS



Yuma, AZ. NEPUMU-5 Entomologists LT Riley Tedrow, (front) and LCDR Hanayo Arimoto, (back) deconstruct wood rat nests at MCAS Yuma in search of kissing bugs.



Yuma, AZ. Pictured front: LCDR Hanayo Arimoto; Back (L-R): Dr. Tolulope Morawo, Entomologist, and LT Riley Tedrow. EPMU-5 Entomologists deconstructing wood rat nests at MCAS Yuma in search of kissing bugs.



Jordan. Pictured above (L-R): LCDR James Harwood, Entomologist, conducts malaria vector surveillance with Jordan Ministry of Health staff near the Dead Sea as part of an ongoing GEIS funded collaboration.



USS CARL VINSON (CVN-70). Pictured (L-R): LT Riley Tedrow, Entomologist and HM1 Daniel Andren, Preventative Medicine Technician of NEPMU-5 vector department carefully removing a bee colony.

May 2021 Crossword

By: LT Jonathan Jacesko

"Who Are We?"

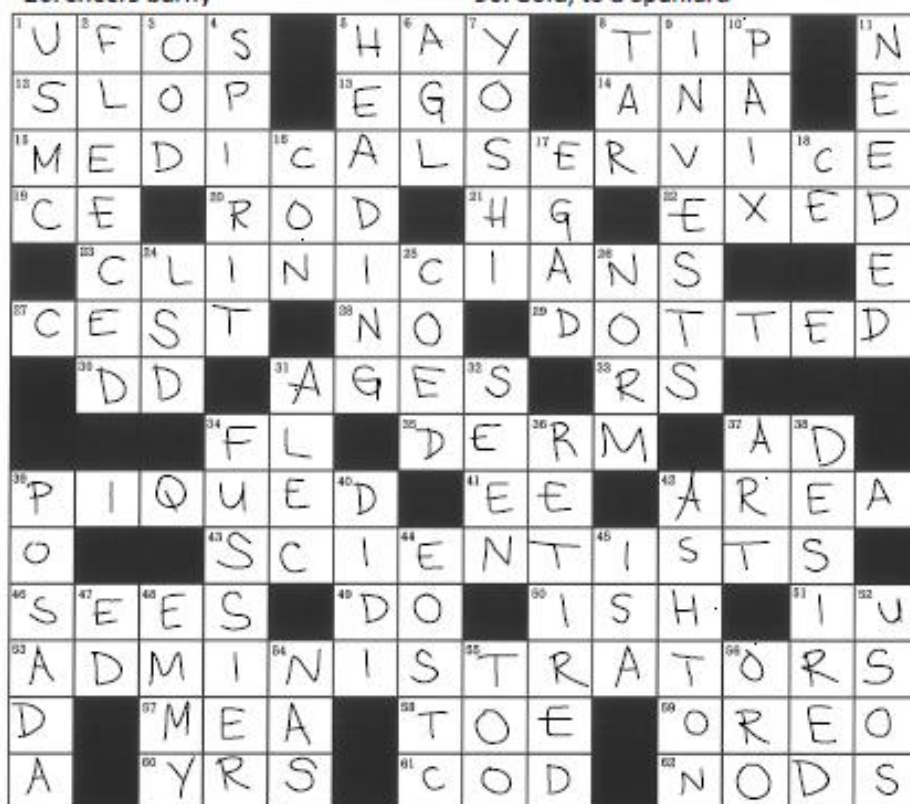
WINNER: MAC(SW) Frederick E. Joshua, USN
Commander Fleet Activities Okinawa

ACROSS

1. Strange aviators
5. "Horses eat ____"
8. Gratuity
12. Shoddy work
13. Not-so-super psyche part
14. ____ phylactic shock, say, from a bee sting
15. **Our Corps**
19. Required credits (abbr.)
20. *Hot* ____, 2007 Andy Samberg film
21. Mercury, on one table
22. Crossed out
23. **Who we are, Part 1**
27. "____ la vie!"
28. That's a negative
29. Double-checked her "i"s
30. Key keeper, for short
31. Like fine wine
33. Ends of the internet, in Serbia
34. Lake Okeechobee state (abbr.)
35. Skin doctor, for short
37. Internet pop-up
39. Raised interest
41. College major about ohms (abbr.)
42. Length times width
43. **Who we are, Part 2**
46. Envisions
49. Direct ophthalmoscopy, for short
50. Kinda
51. Global standard measurement (abbr.)
53. **Who we are, Part 3**
57. ____ culpa
58. One little piggy
59. Black-and-white sandwich
60. They're made of 12 mos
61. Baked fish on a menu
62. Gestures in agreement

DOWN

1. Oorah! (abbr.)
2. Robbed
3. Watchstander in charge (abbr.)
4. Ghost
5. Nautical course
6. Ideally >0', if you're a flyer (abbr.)
7. Mario's dino buddy
8. ____ and feather
9. Allocates monies
10. Peace, to a Frenchman
11. Had to have
16. Underhanded trick
17. Expression of surprise or anger
18. Same as #19 Across
24. Dock Landing Ship (abbr.)
25. Including men and women
26. *Cheers* barfly
31. *30 Rock's* Baldwin
32. Was viewed
34. More fussy
36. Done working
37. Subjective discipline
38. Wanted passionately
39. Former Yankees catcher Jorge
40. MLB'er Gregorious
42. ____ Kutcher
44. Service School Code 091 (abbr., see *NOOCS Manual, Vol. 2*)
45. Bart's sister, minus the L
47. Phys. ____
48. TV award
52. Airport hangouts for military
54. ____ Pensacola, or Oceana, etc.
55. Also
56. Gold, to a Spaniard



Scan/email your answers (or ask for hints) to Jonathan.J.Jacesko.mil@mail.mil.

The winner will be recognized in the next edition of *The Rudder*.

June 2021 Sudoku Puzzle

By: LCDR Clark Hartley

“Logic Me This?”

RULES:

1. Every square has to contain a single number.
2. Only the numbers from 1 through to 9 can be used.
3. Each 3×3 box can only contain each number from 1 to 9 once.
4. Each vertical column can only contain each number from 1 to 9 once.

	9			3			2	
	3		2		5	7		9
4					7		5	3
	1				3	5		
		3	4	5	2	6		
		4	7				3	
6	8		3					1
7		9	5		1		8	
	2			6			7	

Scan/email your answers (or ask for hints) to: clark.hartley@navy.mil.

The winner will be recognized in the next edition of *The Rudder*.

U.S. NAVY MEDICAL SERVICE CORPS

Medical Service Corps Director
RDML Timothy H. Weber
MSC, USN

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC Officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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